

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abad, Edna (ARCH)	CHAPTER 100.1
Address: 98-312 Kaluamoi Drive, Pearl City, Hawaii 96782	Inspection Date: April 21, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, on April 21, 2021, care giver who gave the morning medication did not record their initial on flowsheet.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1, the representative payee received an electronic transfer for a Federal Stimulus Fund check. However, no:</p> <ol style="list-style-type: none"> 1. Record on the Personal Expense form of deposit 2. Evidence on the Resident's Valuables Form for: <ol style="list-style-type: none"> a. New mattresses, b. New pillows, and c. New sheets. <p>Please use enclosed forms for your correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- COMPLETED THE PERSONAL EXPENSE RECORD BY ENTERING THE RIGHT AMOUNT OF FEDERAL STIMULUS FUND.</p> <p>- COMPLETED THE RESIDENT'S VALUABLE FORM.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, the representative payee received an electronic transfer for a Federal Stimulus Fund check. However, no:</p> <ol style="list-style-type: none"> 1. Record on the Personal Expense form of deposit 2. Evidence on the Resident's Valuables Form for: <ol style="list-style-type: none"> a. New mattresses, b. New pillows, and c. New sheets. <p>Please use enclosed forms for your correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, THE RESIDENT'S MONEY AND VALUABLES NEED TO ENTER AND RECORD TO THE PROPER FORMS AND MADE AVAILABLE FOR INSPECTION.</p>	6/7/21

Licensee's/Administrator's Signature: Edna S. Abad

Print Name: EDNA S. ABAD

Date: 6/7/2021

RECEIVED

JUN 22 2021